

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Andy GipsonAddress 414 Holly Grove Circle Braxton, MS 39044Telephone 601-847-0417 Fax 601-949-4804Contact Name Andy Gipson Email gipson.andye@gmail.comOffice Sought Rep. District 77 Political Party Republican
☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 8,500 + \$ 500	\$ 9,000	\$ 9,000
Total amount of disbursements	\$ 800 + \$ 870.83	\$ 1,670.83	\$ 1,670.83
Total amount of cash on hand		\$ 8,814.17	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Andy Gipson
Signature of Candidate

1-31-2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Andy Gipson
Reporting period 1-1-2010 through 12-31-2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental Political Action Committee</u>		<u>8/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Ridgewood Road, Ste. C</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39216</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Independent RX PAC</u>		<u>10/5/10</u>	\$ <u>250.00</u>
Mailing Address <u>4209 Lakeland Dr., Suite 399</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Floresville MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT+T PAC Mississippi PAC</u>		<u>8/6/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol St., Landmark Ctr Room 703</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC Mississippi</u>		<u>9/30/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1640</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39215-1640</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Andy Gipson
Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Bail Agents Association</u>	<u>12/3/10</u>	\$ <u>250.00</u>
Mailing Address <u>413 S. President Street</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>	<u>8/27/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 2663</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Tuscaloosa, AL 35403</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Health Management Associates MS PAC</u>	<u>11/9/10</u>	\$ <u>500.00</u>
Mailing Address <u>2550 Flowood Drive Ste 402</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Andrew Gipson</u>	<u>12/31/10</u>	\$ <u>5,000.00</u>
Mailing Address <u>414 Holly Grove Circle</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Braxton MS 39044</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>MS House of Representatives / Watkins Ludlam law firm</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Attorney / Representative</u>	Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Andy Gipson
Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific Financial Management</u>		<u>12/31/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 61270</u>		<u> / / </u>	\$
City, State, Zip Code <u>Phoenix, AZ 85082</u>		<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> / / </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hickory Properties</u>		<u>12/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1490</u>		<u> / / </u>	\$
City, State, Zip Code <u>Magee, MS 39111</u>		<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> / / </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>[REDACTED]</u>		<u> / / </u>	\$
Mailing Address <u>[REDACTED]</u>		<u> / / </u>	\$
City, State, Zip Code <u>[REDACTED]</u>		<u> / / </u>	\$
Name of Employer (Required) <u>[REDACTED]</u>		<u> / / </u>	\$
Occupation (Required) <u>[REDACTED]</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>[REDACTED]</u>		<u> / / </u>	\$
Mailing Address <u>[REDACTED]</u>		<u> / / </u>	\$
City, State, Zip Code <u>[REDACTED]</u>		<u> / / </u>	\$
Name of Employer (Required) <u>[REDACTED]</u>		<u> / / </u>	\$
Occupation (Required) <u>[REDACTED]</u>		Aggregate year-to-date	\$

**8,500.00 TOTAL
ITEMIZED**

Name of Candidate or Committee Friends of Andy Gibson
 Reporting period 1-1-2010 through 12-31-2010

ITEMIZED DISBURSEMENTS

A. Full name <u>REAL Christian Foundation</u>	Date (Mo., Day, Year) <u>4/6/10</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>109 Southwind Drive</u>		
City, State, Zip Code <u>Richland, MS 39218</u>		
Purpose of Disbursement (Optional) <u>contribution</u>	Aggregate Year-to-date	\$
B. Full name <u>Simpson Co. Republican Party</u>	Date (Mo., Day, Year) <u>9/27/10</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>914 Lake Circle</u>		
City, State, Zip Code <u>Magee, MS 39111</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$ <u>\$ 800.00</u> TOTAL ITEMIZED
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$